

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>		<i>03-29-01</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>10</i>	<i>04/22/01</i>
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>SCY/705</i>	<i>06/08/01</i>
RESPONSE FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>907</i>	<i>10-5-01</i>

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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